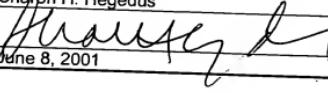
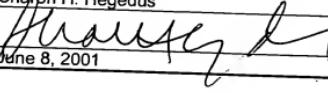
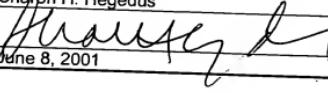


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06-11-01

UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. MCP-0279 First Inventor Daniel McTeigue Title Taste Masked Pharmaceutical Particles Express Mail Label No. EL710608007US									
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231									
<ol style="list-style-type: none"> <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing) <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Specification [Total Pages 17] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure <input type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 5] <input type="checkbox"/> Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. <ul style="list-style-type: none"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>											
<ol style="list-style-type: none"> 19. CORRESPONDENCE ADDRESS <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>											
<ol style="list-style-type: none"> 20. TELEPHONE CONTACT <p>Please direct all telephone calls or telefaxes to Sharon H. Hegedus at: Telephone: (732) 524-2242 Fax: (732) 524-2808</p>											
<ol style="list-style-type: none"> 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">NAME</td> <td>Sharon H. Hegedus</td> <td style="width: 25%;">Reg. No. 33058</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">June 8, 2001</td> </tr> </table>			NAME	Sharon H. Hegedus	Reg. No. 33058	SIGNATURE			DATE	June 8, 2001	
NAME	Sharon H. Hegedus	Reg. No. 33058									
SIGNATURE											
DATE	June 8, 2001										

FEES TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Daniel McTeigue
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	MCP-0279

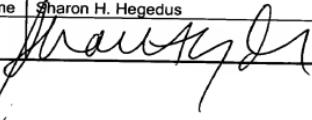
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	25 - 20 =	5	x 18.00	\$ 90.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 880.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/MCP-0279/SHH in the amount of \$880.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP-0279/SHH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Sharon H. Hegedus	Reg. No.	33,058
Signature		Date:	6/8/01
		Deposit Account No. 10-0750	

DOCKET NO. MCP-0279

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: McTeigue et al.

For : Taste Masked Pharmaceutical Particles

Express Mail Certificate

"Express Mail" mailing number: EL710608007US

Date of Deposit: 6/8/01

I hereby certify that this complete application, including specification pages, claims, Declaration and Power of Attorney, and Information Disclosure Statement with references, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

McTeigue John Tiroly
(Typed or printed name of person mailing paper or fee)

John Tiroly
(Signature of person mailing paper or fee)